

RSCCD PUBLICATIONS JOB REQUEST

(714) 628-5955

Please complete this form and submit it along with all related materials to the Publications Department.
please type or print clearly - three part form

INVOICE NUMBER

XEROX JOB ID

REQUESTOR _____
Name Department PHONE/EXT.

Date Submitted _____ Received by Publications _____ Date Needed _____

The employee requesting the attached reproduction has read the "Copyright Guidelines" and certifies that the request is not and will not be used in violation of copyright laws.

Department Number (required) _____ Charge to budget number-(org key) _____
(Use only for requests that require purchased supplies or services) **Must end in 5940**

Delivery Location (check one) SAC SCC RSCCD CEC OEC DMC CJTC RFTC MCHS OCSD CHAPMAN

JOB DESCRIPTION _____ TEST HANDOUT OTHER

Funding Approved by: _____
Administrator of Datatel account or fund check paid from (required for all color or complex requests) Date

<p>Number of Originals _____ <input type="checkbox"/> Updated Originals</p> <p>Total Number Needed _____ <input type="checkbox"/> One-sided <input type="checkbox"/> Two-sided (standard unless noted) <input type="checkbox"/> Number Up _____</p> <p>BINDERY</p> <p><input type="checkbox"/> Collate <input type="checkbox"/> Collate & Staple (70 sheet limit per set) <input type="checkbox"/> Stack (uncollated) <input type="checkbox"/> Cut (specify) _____ <input type="checkbox"/> Fold (specify 1/2, 1/3)</p> <p>Must have Datatel account number. (Chargeback) <input type="checkbox"/> Color Printing <input type="checkbox"/> Tape Binding (additional cost) <input type="checkbox"/> Shrink-wrap (additional cost)</p>	<p>PAPER WEIGHT/COLOR</p> <p><input type="checkbox"/> 20# White <input type="checkbox"/> 20# 3-Hole White <input type="checkbox"/> 20# Ivory <input checked="" type="checkbox"/> 20# Green <input type="checkbox"/> 20# Yellow <input type="checkbox"/> 20# Pink <input type="checkbox"/> 20# Blue <input type="checkbox"/> 60# White <input type="checkbox"/> 110# Index</p> <p><input type="checkbox"/> NCR (Carbonless): <input type="checkbox"/> 2-part <input type="checkbox"/> 3-part <input type="checkbox"/> 4-part</p> <p><input type="checkbox"/> Special paper request Paper Stock and provided by: _____ _____ _____</p>	<p>DELIVERY</p> <p><input type="checkbox"/> To Requestor's Site Room _____ <input type="checkbox"/> Will Call OEC <input type="checkbox"/> To Other Site _____ Room _____</p> <p>PAPER SIZES</p> <p><input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> 12 x 18 <input type="checkbox"/> Other _____ <input type="checkbox"/> Number Up _____ <input type="checkbox"/> Business Card</p>
--	---	--

SPECIAL INSTRUCTIONS: _____

RELEASED TO: _____

(OFFICE USE ONLY) Out to Proof _____
date

32 Lb Text 100 Lb Cover Other

BILLING ACCOUNTS

PAPER COST: _____ PRINTING COST: _____

Xerox 700i TOTAL PRICE _____

TOTAL IMPRESSIONS _____ PRESS SHEET COUNT _____

• White & Yellow—Publications Copy • Pink—Customer Copy